## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

N95000004837 (9)

Mailing Address

OCEAN CLUB TOWNHOMES AT JUPITER CONDOMINIUM ASSOCIATION, INC.

810 SATURN STREET SUITE 17 JUPITER FL 33477		B10 SATURN STREET Suite 17 Jupiter Fl 33477			3. Date Incorporated or Qualified			
					10/12/1995 4. FEI Number			
					[,,p	plied For		
2 Original C	Place of Business	1.0- 1.0-11			65-0288734 No	Applicable		
<b>├</b> ── '	Tace of Business	2a. Mailing Address			5. Certificate of Status Desired  \$8.75 A	dditional		
21		26 2050 S. AIA			Fee Re	guired		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 M	lay Be		
22		27 柱 16			Trust Fund Contribution Added to	Fees		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?			
23		28 Jupiter, FL			☐ Yes ☐ No			
Zip	Country	Zip	Countr		8. This corporation owes or has paid the current year inte	naible		
24	25	29 33477 3	ด นร	A		No		
	9. Name and Address of Curren	l Registered Agent			10. Name and Address of New Registered Agent			
•			81	Name				
GORDON, PATRICK M			82	Ctront	Address (D.O. Day N. mhay in Not Assessable)			
	TURN STREET, #17		62	Sueet	Address (P.O. Box Number is Not Acceptable)			
JUPITER FL 33477			83	1		<del>'</del>		
			84	City	<b>- 85</b> Zip C	ode		
					corporation submits this statement for the purpose of changing its			
SIGNATURE .	Signature, typed or printed name of registered ager	n and title if applicable (NOTE: I	Registered Ag		poration's board of directors. I hereby accept the appointment as r			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12		
TITLE	POS	☐ DELETE	1.1 TITLE		Change	Addition		
NAME			1.2 NAME					
STREET ADDRESS	810 SATURN ST., STE. 17		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	JUPITER FL		1.4 CITY-5	ST- 21P		33477		
TITLE			2.1 TITLE	J	Vb Change	Addition		
NAME	Alam accounts		2.2 NAME		HANNO FONTAINE			
STREET ADDRESS	A44 041 W1 1014 07 077 47			T ADDRESS	810 SATURN St., Stc. 17			
CITY-ST-ZIP	HANTED EL				870 3H1 ak/V 311) 31E. 17	22./47		
TITLE			2.4 City- 3.1 Title	51 - ZIP		33477		
NAME	THOMAS, STREHL	beet			(Cs Change	L.J ADDITION		
			3.2 NAME					
STREET ADDRESS	HINTER EL			ADDRESS		20.1		
CITY-ST-21P			3.4. CITY -	ST-ZIP		33477		
TITLE		DELETE	4.1 TITLE		☐ Change	Addition Addition		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS		İ		
CITY-ST-ZIP			5.4 CITY-8					
TITLE		☐ DELETE	6.1 TITLE	) - LIF	Change	Addition		
			A. C. LILLER			/WORIUN		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE: Mare

nargary Shiel MARGARET THIS

3/12/95

561-995-0482

**FILED** 

May 08 1998 8:00am

Secretary of State

HZE037 (10/97)